FORM A - General Tri-Lead Reimbursement Form

Name: ____________________________________

Address: ____________________________________

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Email: ____________________________________

Month/Year: ____________________________________

(Please attach receipts/event flyers, etc.)

Regional FYSPRT Meeting date: ________________________________

Location: Virtual or Other:_______________________

Tri-Lead Meeting date: __________

Location: Virtual or Other:_______________________

FYSPRT State Meeting date:________

Location: Virtual or Other:_______________________

Meeting/Event: _____________________________

Location: Virtual or Other:_______________________

Meeting/Event: ____

Location: Virtual or Other:________________________________

Mileage:________ Total miles at (**current WA OFM rate**) $___________

Childcare:(in person meetings) _______________ $____________

Other: ____________________________ $____________

Total Meetings/Events at $40 per event: ____________ $____________

TOTAL$____________

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED, OR THE LABOR PERFORMED AS DESCRIBED HEREIN, AND THE CLAIM IS A JUST, DUE, AND UNPAID OBLIGATION AGAINST GREATER COLUMBIA BEHAVIORAL HEALTH, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIM.

SIGN/DATE ____ *TITLE* ________________________________

Prior approval required for reimbursement of travel costs for committee meetings and event attendance by the GCBH ASO FYSPRT Coordinator.

*GCBH ASO FYSPRT COORDINATOR*____

Please submit request for reimbursement to the GCBH Regional Office at 101 North Edison Street, Kennewick, WA 99336 prior to the 15th of the month for reimbursement. If events occur after the 15th of the month, please submit another form no later than the last day of the month. Late forms will not be reimbursed.

NOTES: